INDUSTRY ALLIANCE PARTNER

Industry Alliance Subscription Application

Company Name: _____

Company CEO: _____

Designated Company Admin: _____

Company Address: _____

City: _____ State: _____ Postal Code: _____

Contact Phone: _____ Email: _____

Website: _____

Industry Type: _____

Provide a brief company overview:

Are you a member of any similar organizations? (Please list them)

Will individuals within the company be willing to volunteer with NETA? Please check all that apply:

NETA Committee Volunteer ☐   Technical Conference Presentation ☐

Authoring Articles for *NETA World* Journal ☐   Other ☐ _____

Please be advised that an Industry Alliance Subscription does not constitute NETA Accreditation nor certification of the individuals employed by the subscribing company.